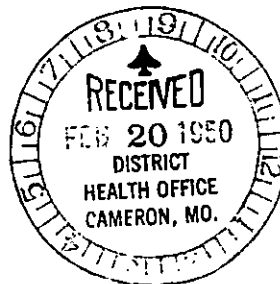


WRITE PLAINLY---USING UNFADING BLACK INK---MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>250</u>		PRIMARY REG. DIST. NO. <u>#375</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Madawask</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ma</u> b. COUNTY <u>madawask</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Conception Jct</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Conception Jct</u>		OR TOWN <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>K. J. ESTINE</u>		a. (First) <u>K. J.</u>		b. (Middle) <u>FROM</u>		c. (Last) <u>FROM</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>		8. DATE OF BIRTH <u>Mar 4 1863</u>	
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Denmark</u>		12. CITIZEN OF WHAT COUNTRY? <u>Denmark</u>	
13a. FATHER'S NAME <u>John Skau</u>		13b. MOTHER'S MAIDEN NAME <u>Wink</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John P. Skau</u>		18. ADDRESS		19. DATE OF DEATH <u>FEB. 13 - 1950</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER OF STOMACH</u> ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>SEPT. 20</u> , 19 <u>49</u> , to <u>FEB. 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>FEB. 12</u> , 19 <u>50</u> , and that death occurred at <u>8:30 P.</u> m., from the causes and on the date stated above.		23. DATE SIGNED <u>FEB. 14, 1950</u>	
24a. SIGNATURE <u>Paul J. Kadule</u>		24b. DATE <u>2-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Rosemount madawask ma</u>	
24e. DATE REC'D BY LOCAL REG. <u>FEB-14-50</u>		24f. REGISTRAR'S SIGNATURE <u>Mrs. E. J. Crumshaw</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Phillips</u>		24h. ADDRESS <u>Conception Jct.</u>	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 1898

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.